



# WEST MAUI ADVISORY COMMITTEE APPLICATION FORM

(Please print or type)

Name: \_\_\_\_\_  
(Last) (First) (Full Middle Name)

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Current Employment: \_\_\_\_\_

Business Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please indicate why you are interested in serving and what skills you may have to contribute:

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Community and Professional Organizations/Activities:

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Educational Background:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This is an advisory committee to the Mayor. Open to West Maui Residents only .

Please send completed forms to **OFFICE OF THE MAYOR, 200 SOUTH HIGH STREET, WAILUKU, HAWAII 96793**; or fax to 270-7870. For further information, call 270-7855; on Lana`i, call 1-800-272-0125; on Moloka`i, call 1-800-272-0117.